SHOW-ME ZERO SUICIDE MISSOURI OUTCOMES

INTRO

Missouri was one of sixteen states chosen to attend the first Zero Suicide Academy that was held in Washington D.C. A team from the Missouri Department of Mental Health's Chief Medical Director's office and a representative from a community provider attended the first year. After attending the National Academy, these suicide prevention champions were eager to spread their knowledge to others in order to reduce suicide deaths in Missouri.

These champions helped to push this work forward by creating a 90-day plan for statewide implementation of the Zero Suicide model. This plan included a formal recommendation to Department of Mental Health's Administration for implementation of Zero Suicide within the State's Behavioral Healthcare System.

Once administrative support was achieved; the next step was to present to the Coalition of Community Behavioral Healthcare member agencies and encourage teams to apply for the second Zero Suicide Academy. Department of Mental Health assisted through championing the agencies and providing technical assistance during the application process.

COMMUNITY BEHAVIORAL HEALTHCARE CENTERS

2014 - 2015 2016 2017 • Missouri Department of Mental • Behavioral Health Response (2 • Amanda Luckett Murphy Hopewell Health Teams) • BJC Behavioral Health Bootheel Counseling Services Ozark Center • Behavioral Health Response • Burrell Behavioral Health • Clark Community Mental Health • Crider Center Center (Springfield) • Community Counseling Center • Citizens Memorial Hospital • Compass Health Network • Crittenton Children's Center • Comprehensive Mental Health • Department of Mental Health State Services Operated Facilities (2 Teams) • COMTREA • Family Guidance Center • Family Counseling Center • Gibson Recovery Center • Independence Center • Mercy Hospital Jefferson • Mark Twain Behavioral Health • Mercy Hospital St. Louis Ozarks Medical Center New Horizons • North Central Missouri Mental • Preferred Family Healthcare **Health Center** • Tri-County Mental Health Services • Places for People • Swope Health Services • Preferred Family Healthcare • ReDiscover Mental Health • Truman Medical Center Behavioral Health Adapt of Missouri



OUTCOMES



In suicide deaths among clients served through Community Behavioral Healthcare Providers from 2015 - 2017

27 278 28 Agencies have adopted written processes related to three or more components of the Zero Suicide Model and developed written protocols for screening for suicide

Agencies provide staff training on screening for suicide risk and have policies related to assessment and trained staff on assessment processes



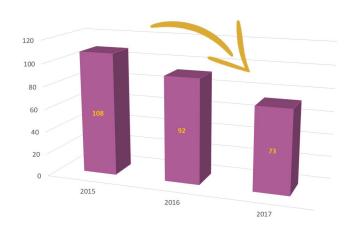


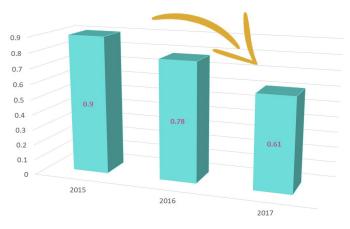
Agencies have embedded suicide risk assessment into their Electronic Health Record (EHR)

SUICIDE PREVALENCE

OF DBH CLIENT SUICIDE DEATHS

SUICIDE RATE PER 1,000 SERVED





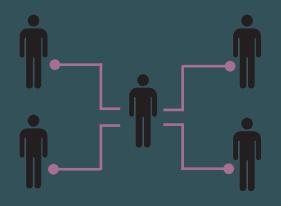
Number of Consumers Served by DBH

2015 | 120,680

2016 | 118,036

2017 | 120,183

SHOW-ME ZERO SUICIDE LEARNING COLLABORATIVE



Quarterly ongoing Learning Collaborative meetings with the three cohorts to provide training and technical assistance. The collaboratives consist of state and federal suicide prevention updates, agency report outs, training or technical assistance often with guest speakers, and information sharing opportunities.



The Missouri Department of Mental Health, in partnership with the Missouri Coalition for Community Behavioral Healthcare have developed a state wide Missouri Suicide Prevention Network to lead statewide suicide prevention efforts.

IMPLEMENTATION



After attending the Zero Suicide academy in 2016, we replaced our no-show letters with care cards, which are much more person-centered and don't sound punitive. We also started with educating all staff in suicide prevention appropriate to their role, and we started screening all outpatient consumers for risk of suicide at each session.

At our agency we are updating our electronic medical record to help support the implementation of a suicide care pathway. These updates will allow us more flexibility with respect to having alerts and a way to track interactions with consumers who are on the suicide care pathway. Additionally, a positive score on question nine of the PHQ-9 will trigger the CSSRS. In order to continue with documentation, the PHQ-9 must be completed, and the CSSRS must follow a positive screen.

In 2016, we completed the Zero Suicide Organizational Self-Study and attended a Zero Suicide Academy. From there, we began implementing Zero Suicide by communicating with staff about the Zero Suicide framework and our results from the Zero Suicide Organizational Self-Study.



We are continuing to work on mastering our process for PHQ-9, C-SSRS and Enhanced Care Protocol amongst all clinical programs and at all locations. We are also continuing to work on an ongoing staff development process within each program for staff to have the tools they need and to be comfortable in asking the questions. We continue to work on addressing stigma both internally and externally about asking someone if they are having feelings of wanting to kill themselves and that it's okay to talk about it.

